We are too ardent partisans of conservative surgery, having ourselves sufficiently often protested against the excessive tendency to operate everywhere and at all times, not to hasten to submit to our readers the reasons adduced by M. Bardinet in support of his opinion.

The following is the *résumé* of his memoir:—

1st. In this memoir I report eight new cases of sphacelus (two of the finger, three of the forearm, and three of the leg), in none of which amputation was performed. The task of eliminating the dead parts was intrusted to Nature, except that her operations have been actively aided by the employment of the ordinary disinfectants, and especially by the early resection of the dead parts near the eliminatory circle.

In these eight cases recovery took place.

Had amputation been performed, it is, on the one hand, extremely probable that a certain number of patients would have died; on the other, several of them would have been deprived, in consequence of the necessity of amputating above the eliminatory circle, of a portion of their limbs (the knee, for example, or the upper part of the forearm), which they are fortunate in having been able to preserve.

It is, therefore, not always necessary to amputate in cases of sphacelus.

2d. We should, above all, be extremely cautious in having recourse to amputation in cases of spontaneous gangrene—first, because in such cases, whatever we do, and even after the establishment of the eliminatory circle, we can never be sure that the gangrene will not reappear, and that we shall not thus needlessly add the pain and dangers of a serious operation to those of the original disease.

3d. Because the fear of amputating in parts whose vessels are diseased, obliges us to carry the section up to a considerable height, and thus involves, sometimes very uselessly, the sacrifices of parts which might have been preserved, and the loss of which is to be lamented.

4th. Because the gangrene may attack several limbs in succession, and even all the limbs, of which I have quoted two examples, and we should then find ourselves compelled to perform a series of sad mutilations.

5th. Because, on the contrary, in confining ourselves to cutting away the dead parts near the circle of elimination, we perform an operation which is always practicable and always useful, as it liberates the patient from a focus of infection.

6th. Because we avoid the risk of performing an amputation, all the benefits of which will be lost if the gangrene makes fresh advances.

7th. Because, in adopting the new mode, we do not unnecessarily remove parts which the patient is much interested in preserving.

8th. Because we have still the power of performing amputation, if it should become necessary.—*Dublin Med. Press*, April 9th, 1856, from *Presse Médicale Belge*, March 23, 1856.

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22. *Practical Deductions from a Clinical Record of Twenty-six Cases of Strangulated Femoral Hernia.*—Mr. Birkett, in a paper read before the Medical Society of London (April 26th, 1856), commenced by stating that the object of the paper was, first, to bring prominently into the foreground the causes of death; 2d, The circumstances by which those causes are brought about; and, 3d, The means by which they may be avoided. It was shown, by means of a table of the cases, that a certain number of unfavourable circumstances occurred in each case, and that, in proportion to the aggregate, as a general rule, the case was cured, or terminated fatally. But in some of the cases only two, three, or four unfavourable circumstances existed, and yet the patients died; and in these, as well as others with a larger number, the causes of death were sought for and demonstrated. Of the twenty-six cases, all of which were operated upon by the author, one-half terminated fatally. In the fatal cases, death resulted from causes over which the operation could have but little influence; and it was undertaken only with the view to place the patient in a condition more favourable to recovery. The causes inducing the fatal result may be thus enumerated:—

1. The consequences of a journey performed while the patient was suffering with strangulated femoral hernia.
2. The defective constitutional nutrition of the patients generally.
3. Irrecoverable prostration, the result of long-continued vomiting and strangulation of the bowel in aged women.
4. Violence inflicted on the hernia. To this cause, the death of not less than five out of the thirteen is to be attributed.
5. The administration of purgatives before the operation.

The author unhesitatingly preferred to reduce the hernia without opening the peritoneal sac in those cases in which the surgeon would be justified in returning the protrusion by the taxis, if it could be accomplished.

In the twenty-six cases, the peritoneal sac was opened in twelve, and the causes which prevented the reduction of the hernia without so operating were the three following:—

1. The contents of the sac.
2. The morbid condition of the contents of the sac.
3. The dimensions of the neck of the sac, and the unyielding state of its tissues.

Six cases were related in which the author had reduced the hernia by a simple division of the fibrous tissues about the neck of the sac, and external to that covering of the hernia known as the fascia propria. To this simple method of relieving the constriction around the bowel the author gave the name of "The Minimum Operation." The causes of death in the fatal cases were shown, by *post-mortem* examination, to be referable to peritonitis, injury of the bowel inflicted in the taxis, exhaustion after fecal fistula, phlegmonous inflammation, collapse, acute bronchitis, and perforation of the bowel. Of the cured cases, the minimum of hours during which the bowel was strangulated was three hours; the maximum was seventy-seven hours. Of the fatal cases, the minimum period of strangulation of the bowel was eleven hours, the maximum seventy-nine hours. Of the cured cases, the average number of hours during which the bowel was strangulated amounted to twenty-three. Of the fatal cases, the average period of strangulation of the bowel was forty-six hours. The causes of death were primary and secondary: 1. Prostration; peritonitis; gangrene of the intestine; perforation. 2. Bronchitis; abscess behind the peritoneum; phlegmonous inflammation and suppuration. The circumstances by which they were brought about: Age; a journey; the defective constitutional nutrition of the patient; the morbid state of the canal above the strangulated piece of bowel; injury of the hernia caused by the constriction of the ring, and by manual violence inflicted on it; the duration of the sufferings; the intensity of the constitutional sympathies; fecal fistula; neglect of the tumour; the administration of purgatives; the warm bath. The means by which they may be avoided are: By care in manipulation; the early relief of the bowel from constriction; the reduction of the hernia without opening the peritoneal sac; the exhibition of opium, and the avoidance of all causes likely to induce exhaustion.—*Med. Times and Gaz.*, May 3, 1856.

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23. *Mode of Reducing Strangulated Hernia, after Failure of the Taxis, by a Bloodless Operation.*—M. Seutin, the eminent surgeon of Brussels, is endeavouring to establish, in a Belgian Medical journal, the superiority of *tearing* either the inguinal or crural ring, over incising the same, for the reduction of strangulated hernia. He quotes experiments on the dead body, and several successful cases; and is confident that his method will soon supersede the operative measures generally resorted to. He places, first, great reliance on graduated taxis continued with due precautions for a considerable period; and when this fails, he endeavours to hook his index-finger round the margin of the ring, by passing it between the tumour and the abdomen; and by using a certain force, he causes the fibres of the external oblique to give way and crack to an extent sufficient for the reduction of the hernia. M. Seutin defends his practice with considerable ability, and hopes trials will be made.—*Lancet*, April 26, 1866.